

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 49 | 8/22/01 |
| FORMALITY REVIEW | BZ | TC3-883 | 09-18-01 |
| RESPONSE FORMALITY REVIEW | MP | K90 | 11/08/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|-------|------|
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
| 8 | ✓ |
| 9 | ✓ |
| 10 | ✓ |
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| 12 | ✓ |
| 13 | ✓ |
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| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|-------|------|
| 51 | ✓ |
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| Claim | Date |
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| 101 | ✓ |
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| 142 | ✓ |
| 143 | ✓ |
| 144 | ✓ |
| 145 | ✓ |
| 146 | ✓ |
| 147 | ✓ |
| 148 | ✓ |
| 149 | ✓ |
| 150 | ✓ |

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

09/19/01
 RSP #81
 11-08-01